

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527394

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		1				
5		(1)				
6		(1)				
7		(1)				
8		2				
9		(1)				
10		(1)				
11		(1)				
12	1					
13	1					
14		1				
15		3				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20	1					
21	1					
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50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						